

# PTA Funds Request

Name of PTA PTA of North Pointe Elementary Date \_\_\_\_\_

## PAYEE SUMMARY

Payable To \_\_\_\_\_ Date Needed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Requestor \_\_\_\_\_ Invoice \_\_\_\_\_

Accounts to be Charged \_\_\_\_\_

*If the invoice requires expenses to multiple PTA accounts, please identify each account and corresponding expense.\**

## PURCHASE SUMMARY

Item Purchased	Place of Purchase	Amount

*Receipts should be attached and a sales tax exemption form should have been used whenever feasible.*

## TREASURER NOTES

Invoice Date	Date Received	Plan of Work / Motion	Date Approved	Date Paid	Payment Method	Total Payment

## APPROVALS

**Name**

**Signature**

Committee Chair \_\_\_\_\_

Treasurer \_\_\_\_\_

President \_\_\_\_\_

\*1) PTA cannot reimburse payments for sales tax, please use the tax exemption form when purchasing items. 2) An attached receipt or invoice is required to be submitted with the request. 3) Committee co-chairperson may not approve the request.